ONLINE APPLICATION LOGIN REQUEST FORM

LOGIN REQUEST SECTION		
Office Holder Name:		E-Mail:
Office:		
Signature of Office Holder:		Date:
	USER INFORMATION SE	CTION
PLEASE PRINT CLEARLY ALL INFORMATION EXCEPT SIGNATURE		
User Name:		E-Mail:
Department:		
Address:		
City, State Zip code:		
Application(s) for which Login is Requested:		
characters. The login provided by my Co applications and I am responsible for all of information security, I will promptly re Administrator should in turn report the m records that may contain confidential info paper files should be stored in locked ca where visitors may enter, and should be allow access to electronic files by unauth	ounty Administrator is design activity under my login. If I k port it to my supervisor and latter to the DLGF. In addition ormation from the view of or binets or drawers whenever disposed of by shredding or norized persons, nor to autho	about computer passwords and identification lated for my use when accessing online DLGF ecome aware of any breach or suspected breach the County Administrator. The County n, I acknowledge my responsibility to secure all access by unauthorized persons. Confidential feasible, should not be left unattended in areas other secure method. I understand that I may not prized persons for unauthorized purposes, and d sensitive information that are established by my
Signature of User:		Date:
County Administrator Use ONLY		
USERID:	Completed By	Date Completed:
APPROPRIATE ACCESS PROVIDED:		